127 WallaBout St Bkhw, My



Tel. (718)(222-3092) Fax (718) 596-8157

anuary, 22, 2002

From: Bnos Spinka Gitty Horowitz

DOCKET FILE COPY ORIGINAL 127 Wallabout st.

To School Libraries Division Universal Service Administrative Company **RECEIVED & INSPECTED**

FEB 2 0 2002

FCC - MAILROOM

We did not write the CC Docket Nos. 96-45 and 97-21 on our letter of appeal when we sent our appeal with Air Bourne yesterday; therefore we are remailing a copy of everything today with the CC Docket Nos. written on the letter of appeal.

> Thank You So Much Gitty Horowitz

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127 Wallaboutst BKyw, 14



963:2966

J ANUARY 22,02

From: Bnos Spinka

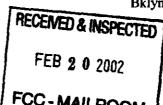
Gitty Horowitz 127 Wallabout st. Bklyn, NY 11206

Re: appeal case # 40730 Entity # 209385

CC Docket Nos. 96-45 and 97-21

School & Libraries Division

Universal Service Administrative Company



To Whom It May Concern:

This is the letter to appeal your decision, which you aren't providing us with funding. We are so sorry to receive this packet of all papers back from you and as I spoke to Dason recently I was told to appeal this. We always responded to all faxes as recently in November. For further information if you do not hear any respond from us through the fax please call us at the office at (718) 963-2966. That this should never happen again.

We are in desperate need for this and were sure and waiting every day to hear from you that we are approved for the funding. Please let us know as soon as possible. Please note as we have in our records is Block 5, numbers 13 and 14 where changed to Destia on March 12, 2001, which we provided documentation. I understood item 18 was supposed to be left blank, Therefore enclosed is the change as you requested.

Please consider this matter that we never had any sign of receiving any fax of which you said you faxed us and we never got any fax because whichever fax we received on our side we always without any exceptions responded to immediate. We do have a new fax # 718-596-8157. But besides this matter we still check the old fax # daily.

Please respond quickly and take this matter into consideration. We are desperately waiting for the funding. Thanks so much for everything.

Name:

Bnos Spinka

Gitty Horowitz 127 Wallabout st. Brooklyn, NY 11206

Telephone #

718-963-2966

Fax#:

718-596-8157

Applicant Name Bnos Spinka

Applicant #

262914

Malling Adress: Bnois Spinka • 127 Wallabout Street • Brooklyn N.Y. 11206

BNOS SPINKA(ENTITY #209385)



127 WALLABOUT STREET BROOKLYN, NY 11206

TEL: (718)963-2966

FAX:(718)403-9024

FAX TRANSMISSION

FROM: GITTY HOROWITZ

TO: RUSS STUCKY

FAX# 888-276-8736

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FCC Form 471



Approval by OMB 3060-0806

Applicant ID: 262914

m 471

This form asks schools and libraries to charges for them so that the Fund Adn

Please read instructions

xdered and estimate the annual s for services.

, for filing this form online)

Applicant's Form Identifier: your own code to identify THIS Form 471)

Blo	ock 1: Billed Entity			bills for the ser	vices listed on this form.)
1	Name of Billed Entity (30 characte	rs max.)	BNOS SP	INKA		
2	Funding Year: July 1, 2001 throug	h June 30, 2002	·-··	3 Entity Nu	imber (up to 10 digits)	209385
4a	Street Address, P.O. Box,	127 WALLAE	BOUT STR	EET		
	or Route Number					
	City BROOKLYN		State	NY	Zip Code 1120	6
b	Telephone Number (10 digits + ex	t.)	718-963-2	966		
C	Fax Number (10 digits)		718-403-9	024		
d	E-mail Address (50 characters me	IX.)				
5	Type of Application	School	(public or non	public school)		
		School District	(LEA; public o	g.e) oliduq-non v	., diocesan) local district re	presenting multiple schools)
		Library	-	rtlet/branch, syst	••	
		Consortium	Check here	if any members of (his consortium are ineligible non-	governmental entities. `
6a	Contact Person's Name	GITTY HOR	OWITZ			
	First, fill in every item of the Con					
	Then check the box next to the p	referred mode of a	contact. (At loa	st one box ML	IST be checked.)	
b	Street Address, P.O.					
	Box, or Route Number					
	City		State		Zip Code	
С	Telephone Number (10 digit	s + ext.)			ext.	
d	Fax Number (10 digits)		(718) 403	- 9024		
e	E-mail Address (50 charact	ers max.)				
ſ	Holiday/vacation/summer contact	information:				
R	ock 2: Minor Modif	ication to	Evietin	Confra	ct2	

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Check if this Form 471 represents a minor modification, such as a modification of services, to

attach a Description of Services highlighting the modified service, and sign Block 6.

a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below,

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Funding Request Number:

Form 471 Application #:

,	Mumber ct Person	200396 GITTY HOR	OWITZ			ant's Form ident umber	filer 718-963-2995				
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Ì	○ Telecom	munications Servic	e O Internet Ac	cess 🛡 I	internal Connections	16 Billing A	ccount Mumb	er (e.g., billed telephor	e number)		2798
12	Form 479	Application Num	nber (15 digits)	31	95000000303638		Vender Sel Form 470 fling)	ection/Contract D		/30/00	
13	SPIN - Sei	vice Provider				18 Contract	Award Date (mm/ddiyyyy)		12/01/	/00
	Identificat	ion Number (9 di	gita) 14300957	9		19a Service	Start Date (mx	vidalyyyyy)		07/01/	/01
						19b Service I	nd Date (mm	/dd/yyyy) (use only f	or "T" or "MTM" s	ervices)	
14	Service P	ovider Name S	MART TELECO	M. INC.		20 Contract	Expiration D	ate (mmiddlyyyy)		06/30/	108
21	Description This Servi			en Attachn	ption of the service, i nent #, and note num 8-106				, plue any r ele va	nt brand na	mes. Label this
22	Entity/Ent Receiving	ities This Service:	service :	20938	offic (provided to one f y all entities on a Bio		•			y from Bloc	k 4 receiving this
23	Calculatio	-	ecurring Char	des		Non	Recurring (Charges	t	Total Ch	arges
	A	В	C	D	E	F	G	H	Ī	J	K
(tota	hly \$ charges I amount per h for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)		How much of the \$ amount in (F) is ineligible?	Annumi eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)		Funding Commitment \$ Request (Ix J)
	0	0	0	12	0	7950	0	7950	7950	90%	7155

Entity Number Contact Person		OROWITZ			plicant's Form in Number		718 963 - 2968			
Block 5:	Discoun	t Fundin	rvice (Fun		er) for which y	ou are request	ing discounts.	Block 5, pa	age <u> </u>	of I
TROE S			الله المعادلة المعادلة المعادلة المعادلة المعادلة المعادلة المعادلة المعادلة المعادلة المعادلة المعادلة المعاد	the state of the s	Table 1	- A-mail . /	valuble; use "T" if teriffec			
11 Category	of Service (only (ONE category should b	oe checked)		10 COMME		es as described in instruc		· · · · · · · · · · · · · · · · · · ·	т
- Letecour	munications Servic	e O Tubellus vo	xess U	Internal Connections			ber (e.g., billed telepho			18-963-2966
12 Form 470	Application Nu	mber (15 dgild)	3	95000000303638)	pre vengor 34 1 Form 470 Ming)	lection/Contract	Liete (mmddryy)		r30/00
	rvice Provider				18 Contrac	t Award Date	(minidally)yyy)		- 12/01	
identifical	tion Number (9 d	igis) 143001359			19a Service	Start Date (m	(אַרְאָלְצֹבּאוּ		07/01	<i>(</i> 01
				· ·	19b Service	End Date (mn	nidd/yyyy) (use only	for "T" or "MTM"	services) 0	3/30/02
14 Service P	rovider Name	VERIZON-NY II	IC.	•	20 Contrac	t Expiration (Cabe (mm/ddiyyyy)			
21 Description This Serv		description with	an Attachi	iption of the service, ment #, and note nul 1	mber in space		•	s, plus any rele	want brand	names. Label this
22 Entity/Ent Receiving	ities This Service:	service :	2	cific (provided to one 09385					Ť	ock 4 receiving this
		b, if the service	is shared i	py all entities on a Bl	ock 4 workshe	et, list the wor	ksheet number (e.g	J., A-1):		
23 Calculatio		ecurring Cha	mee		l Non	-Recurring	Charnes	!	Total Ch	apriles.
A	В	С	D	E	F	G	H	ī	J	K
Vionthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus 8)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	• •	1	Arruni eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)
1000	0	1000		12000	0	0	o	12000	90%	10800

Entity Number Contact Person		6 HOROWITZ			icant's Form ide Number		B) 963 - 2966				
Make as many c	se one Block 5 pr opies of this page	nge for EACH se at necessary, a	rvice (Fun and numbe	ding Request Number the completed page	ss to assure th	at they are all	processed correcti	·	nge 5	or 7	
		arija opi arija opinamana opina	NA A	de Company and a	4						1
	of Service (only (and a second and a second as	15 Contrac	t Number (if m	raijable; upp 'T' il tariffec			т	1
				Internal Connections			se as described in Instru ber (e.g., billed telepho		7	18-963-2966	1
12 Form 470	Application Nu	mber (15 dg/s)	3	95000000303838	17 Allowal		lection/Contract	<u> </u>	yy) 11/30	0/00	1
	rvice Provider	4 4000			18 Contrac	t Award Date	(mm/dd/yyyy)		12/01	/0 0-	∂'-
kientifica	tion Number (9 d	igits) 143009764			19a Service	Start Date (m	n/ddlyyyy)		07/01	<i>/</i> 01	1.6
		nostia			19b Service	End Date (mr	n/dd/yyyy) (use only	for "T" or "MTM"	services) 06	/30/02	7
14 Service P	rovider Name	MATEL/ECONO	PHONE		20 Contrac	t Expiration (Date (minidalyyyy)]
21 Description This Serv		description with	an Attach	iption of the earvice, ment #, and note nur				ts, plus any rele	rvent brand	names, Label this	
22 Entity/Ent Receiving	ities This Service:	service :	20	cific (provided to one 9385		•	, ,		·	ock 4 receiving this	
23 Calculation		ecurring Cha	roes		l Non	Recurring (Charges)	Total Ch	arges]
A	В	С	D	E	F	G	H	I	J	K	1
Morthly \$ charges (total amount per month for service)	How much of the \$ smount in (A) is ineligible?	Eligible mortifily pre-discount amount (A minus B)	# of months service provided in program year	Armusi pre-discount \$ amount for eligible recurring charges (C x D)		How much of the \$ amount in (F) is ineligible?		Total program year pre- discount \$ amount (E + H)	% decount (from Block 4 Worksheet)	Funding Commitment \$ Request (ix J)	
600	0	600	12	7200	0	o	0	7200	90%	6480	

Entity Number Contact Person		385 TY HOROWITZ			icant's Form id lumber		_(718) 963 - 2966		·	
Make as many c	se one Black 5 pa opies of this page	age for EACH se as necessary, a	rvice (Fun and numbe	Uest(s) ding Request Number the completed page	es to essure ti	•	-	Block 5, pa	age <u>u</u>	of <u>7</u>
		ONE category should t		AM STERRE	15 Contrac	t Number (r s	reliable; use "1" il tariffec se as described in instru			Т
● Telecom	munications Servic	e 🔾 Internet Ac	cess O	Internal Connections	16 Billing	locount Num	DOF (e.g.; billed felepho	ne number)	7	18-963-2966
12 Form 470	12 Form 470 Application Number (15 dg/s) 395000000303838					ole Vendor Se Form 470 Ming)	lection/Contract	Date (minickiyy)	M) 11/30	WOO
	rvice Provider				18 Contrac	Award Date	(mm/ddfyyyy)	<u>-</u>	-12/01	/00
Identifical	Identification Number (9 agis) 143000890			19a Service	Start Date (m	mkdci/yyyy)	· · · · · · · · · · · · · · · · · · ·	07/01	/01	
191				19b Service End Date (nem/dd/yyyy) (use only for "T" or "MTM" services) 06/30/02						
14 Service Provider Name NEXTEL 20 Contract Expiration Date (mm/d/yyy)										
171 "	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment #							numes, Label this		
_	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: Comparison							ock 4 receiving this		
23 Calculatio										5.
	R	ecurring Char	D	E	F	-Recurring (I H	1	Total Ch	arges K
	How much of the \$ emount in (A) is ineligible?		# of imonths service provided in program year	Annual pre-decount \$ amount for eligible recurring charges	Annual non- recurring (one-	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1x J)
2500	0	2500	12	30000	O	0	0	30000	90%	27000

18³⁶

Entity	Number	209	385		/	Applicant's Form	identifier				
Conta	ct Person _	GIT	TY HOROMETZ		Ph	one Humber		_(71 5) 963 - 2966			
Instr Make	uctions: Un as many c	opies of this page	age for EACH se as necessary, a	rvice (Fundanda	Uest(s) ding Request Numb r the completed pag	es to assure th	at they are all	processed correct!	Block 5, pr	oge 1	or 7
		of Service (only t				15 Contrac	t Number (I m	radiable; use "T" if tariffec as as described in Instru			T
	● Telecom	munications Servic	e 🔾 Internet Ac	cess O1	internal Connections	16 Billing /	Account Num	ber (e.g., billed telepho	ne number)		18-963-2966
12	Form 470	Application Nu	mber (15 dglis)	3	95000000303638		rie Vendor Se Form 470 fling)	lection/Contract	Date (mm/dd/yy)	n) 11/30/	m
13	8PIN - Se	rvice Provider		-			t Award Date			-12/01	
	Identification Number (9 dgis) 143800677			19a Service	19a Service Start Date (middlyyy) 07/01/01						
1				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/02							
14	14 Service Provider Name CELLCO			20 Contrac	t Expiration (Sate (mwiddlyyyy)					
21	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Lab description with an Attachment #, and note number in space provided below. Attachment #					names. Label this					
22	Entity/Ent Receiving	ities This Service:	service :	2	cific (provided to one 09385		-		· i		ock 4 receiving this
23	Calculatio		ecurring Cha	2005		l Non-	-Recurring (Charges	l	Total Ch	arges
	A	В	С	D	E	F	G	H	ī	J	К
(total	nly \$ charges amount per h for service)	How much of the \$ emount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	recurring (one-		Armusi eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% diecount (from Block 4 Worksheet)	Funding Commitment S Request (ix J)
	2500	0	2500	12	30000	0	0	0	30000	90%	27000

Entity Number	209385	Applicant's Form Identifier_		
Contact Person	GITTY HOROWITZ	Phone Number	<u>(</u> 718) 963 - 2968	
Please pro Schools/se	vide your best estimate of the num	pred in THIS Application her of people who will be served by all of the ser es complete 8b. Consortia complete 8a and/or 8b 100 b Number of library patrons to be served		orm 471.
	ing questions seek summary outco rows that are relevant to THIS app	ome information based on the services ordered in	this Form 471 applicat	ion, Please complete
	LICATION INCLUDES		BEFORE ORDER	AFTER ORDER
a <u>order?</u>	icis/camearita anly) Telephone service: How r	many classiforms had phone service before and after your	10	10
b High-bandwid	th voice/data/video service: How many buildin	gs served before and after your order?	0	0
c High-bandwid	th voice/data/video service: Highest speed to	a building before and after your order?	01	0
d Dial-up Intern	et connections: How many before and after yo	ur order?	30	30
e Dial-up Intern	et connections: Highest speed before and affa	r your order?	56K	56K
f Direct connec	tions to the Internet: How many before and af	her your order?	0	0
g Direct connec	tions to the Internet: Highest speed before an	d after your order?	0	0
h Internet acces	is (for schools): How many rooms have Intern	et access before and after your order?	10	10
internet acces	ss (for fibraries): How many buildings have Inte	ernet access before and after your order?		
Internet acces	ss: How many computers (or other devices) wi	th internet access before and after your order?	30	30
k Other technology	ogy outcomes: (please specify):			
The following 3 p depending on the If you are fi If you are fi	pages (3a, 3b, and 3c) are Block 4 wo e type of application you are filing. Ea ting as a school or a school district, u ting as a library (i.e. outlet/branch, sy	se Worksheet A (page 3a). stem), use Worksheet B (page 3b).		
If you are fi	ling as a consortium, use Worksheet	C (page 3c), and include as many Worksheets A and	B as you need for back-u	p documentation.

Entity Number	209385	Applicant's Form identifier			
Contact Person	GITTY HOROWITZ	Phone Number	(718) 963 - 2966		
Block 4:	Discount Calculatio	n Worksheet A		Worksh	eet #A
	for Schools/School	Districts		Page	of
		istrict application, use this worksheet to termine the weighted average discount			ministrator's Use)
pages as a Applying Complete Applying	professions of the profession	chool, or ONLY site-specific services: Complete hoer and its discount from Column 7 to complete B LL schools in the district (with or without site Then use the Weighted Average Discount in 10c ces shared by different groups of schools (wit EACH different group of schools sharing a service).	lock 5 sits-specific service to that school specific services as well): (below) to complete Block 5 for shared : In or without sits-specific services as	. ————————————————————————————————————	
10b List entitie	s and calculate discount(s).				
School District Na	ame:	School District E	ntity Number:		<u> </u>

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural UorR	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 + Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
INOS SPINKA	209385	Urban	100	98	98%	90%	
			2				
•							
				,			
Totals for <i>calculating</i> Weighted Average Discount							
c Weighted Average Discoul	nt % for Shared Services (Col. 8 tota	divided by C		<u> </u>	>	901

Do not write in this area

-	Number		Applicant's Form Identifier
Contac	ct Persoi	onGITTY HOROWITZ	Phone Number(718) 963 - 2966
		6: Certifications	
24	The ent	schools under the statutory de and Secondary Education Act profit businesses and do not t libraries or library consortia el Library Services and Technok	oplication are eligible for support because they are: (Check one or both.) definitions of elementary and secondary schools found in the Elementary ect of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for- have endowments exceeding \$50 million; and/or eligible for assistance from a State library administrative agency under the blogy Act of 1996 that do not operate as for-profit businesses and whose erate from any schools, including, but not limited to, elementary and , or universities.
25	res eff	sources, including computers, tra fective use of the services purcha	listed in Block 4 of this application have secured access to all of the training, software, maintenance, and electrical connections necessary to make hased as well as to pay the discounted charges for eligible services.
26	All of the a 🗸 b	an individual technology plan higher-level technology plan(s	ary consortia listed in Block 4 of this application are covered by: n for using the services requested in this application; and/or (s) for using the services requested in this application; or applying for basic local and long distance telephone service only.
27			nting multiple entities with mixed technology plan status, check both a and b):
	* b c	technology plan(s) will be app	s been approved; and/or pproved by a state or other authorized body; or applying for basic local and long distance telephone service only.
28			or support that I am representing have complied with all applicable state ment of services for which support is being sought.
29	us	•	licant purchases at discounts provided by 47 U.S.C. Sec. 254 will be uses and will not be sold, resold, or transferred in consideration for e.
30		, , , ,	esent has complied with all program rules and I acknowledge that failure liscount funding and/or cancellation of funding commitments.
31	en		vel used for shared services is conditional, for future years, upon taged schools and libraries that are treated as sharing in the service, penefits from those services.
32	w		I pursuant to this application. I will retain for five years any and all at I rely upon to fill out this application, and, if audited, will make ch records.
33	ах	*	ubmit this request on behalf of the above-named entities, that I have e best of my knowledge, information, and belief, all statements of fact
34	Signa	ature of authorized person	35 Date 1/15/01
36	Print	ted name of authorized persor	on Criticy Hugewille GITTY HOROWITZ
		or position of authorized person	
		phone number of authorized p	التناق التناق بالموالية والمستحد والتناق والمستحد والمستح
			on this form can be punished by fine or forfeiture, under the Communications Act, somment under Title 18 of the United States Code, 18 U.S.C. Sec. 1801.
The .	Americ	cans with Disabilities Act, the indi	dividuals with Disabilities Education Act and the Rehabilitation Act may impose
obliv	gations	on entities to make the services	s purchased with these discounts accessible to and usable by people with disabilities

Page 5 of 6

Entity Number 209385	Applicant's Form identifie	F		_		
Contact PersonGITTY HOROWITZ	Phone Number	(718) 963 - :	2966	 		

NOTICE TO INDIVIDUALS: Section 54:504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to fite this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54:504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54:504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or aponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agancy responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe it past due debt to the Federal government, the tappeyer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Tressury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gettering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD-Form 471 c/o Ms. Smith 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

CONTRACT

November 28, 2000

SMART TELECOM INC.787 CORNAGA AVENUE
WEST LAWRENCE, NY 11691
718-868-0818 718-868-9161=FAX

Ref.# : 2798-104

Job Date: 07/01/01

BNOS SPINKA GITTY HOROWITZ 127 WALLABOUT STREET BROOKLYN, NY 11206 SHIP TO: BNOS SPINKA GITTY HOROWITZ 127 WALLABOUT STREET BROOKLYN, NY 11206

(718)963-2966 (718)403-9024=FAX

SHIP TEL: (718)963-2966

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

ONE YEAR MAINTENANCE CONTRACT FROM JULY 1st, 2001 THRU JUNE 30th, 2002 ON THE FOLLOWING EQUIPMENT: PANASONIC DIGITAL PABK TELEPHONE SYSTEM CONSISTING OF:

PANASONIC DBS576	96 PORT BASE CABINET	1
PANASONIC DBS576	96 PORT EXPANSION CABINET	1
PANASONIC DBS576	CPC 576 CARD	1
PANASONIC DBS576	TIME SWITCH 576 CARD	1
PANASONIC DBS576	SERVICE CONTROL CARD-SCC	1
PANASONIC DBS576	BUILDING BLOCK EXPANSION CABLE KIT	1
PANASONIC DBS576	SWITCH BOX	1
PANASONIC DBS576	PCMCIA MEMORY CARD	1
PANASONIC DBS576	DIGITAL EXTENSION CARD	3
PANASONIC DBS576	ANALOG EXTENSION CARD	8
PANASONIC DBS576	MFR RECEIVER CARD	1
PANASONIC DBS576	EXTENSION MDF INERFACE	4
PANASONIC DBS576	LOOP START/GROUND TRUNK CARD	2
PANASONIC DBS576	MDF TRUNK INTERFACE	1
		1

IT IS AGREED THE MAINTENANCE CONTRACT WILL BE RENEWED ANNUALLY AT THE SAME PRICE THROUGH THE YEAR 2008.

ALL ELEMENTS OF THIS CONTRACT ARE CONTINGENT UPON ALL REQUESTED DISCOUNTS BEING APPROVED BY THE SCHOOLS AND LIBRARIES DIVISION.

WE PROPOSE HEREBY TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE WITH THE ABOVE SPECIFICATIONS, FOR THE SUM OF: \$10,460.00

PAYMENT TO BE MADE AS FOLLOWS:

WOULD YOU LIKE TO SAVE MONEY ON YOUR PHONE BILL ? CALL AND ASK US ABOUT DIGITAL CENTREX FROM BELL ATLANTIC. CALL US AND SIGN UP TODAY !!

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices.

Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will

become an extra charge over and above the estimate. All agreements contingent upon delays beyond our control. Purchaser agrees to
pay all costs of collection, including attorney's fees. This proposal may be withdrawn by us if not accepted by the above due date.

AUTHORIZED	ACCEPTANCE	
SIGNATURE	SIGNATURE	DATE

CONTRACT

November 28, 2000

SMART TELECOM INC.
787 CORNAGA AVENUE
WEST LAWRENCE, NY 11691
718-868-0818 718-868-9161=FAX

Ref.# : 2798-105

Job Date: 07/01/01

BNOS SPINKA
GITTY HOROWITZ
127 WALLABOUT STREET
BROOKLYN, NY 11206

SHIP TO: BNOS SPINKA GITTY HOROWITZ 127 WALLABOUT STREET BROOKLYN, NY 11206

(73.8) 963-2966 (718) 403-9024=FAX

SHIP TEL: (718) 963-2966

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

ONE YEAR MAINTENANCE CONTRACT FROM JULY 1st, 2001 THRU JUNE 30th, 2002 ON THE FOLLOWING EQUIPMENT:

- *4 PAIR CAT 5 COMPUTER CABLES & JACKS 39
- *24 PORT BAY NETWORK HIGH SPEED SWITCHES 10/100 HUB 2
- *24 PORT 8 PIN CAT 5 PATCH PANEL/HINGED WALL BRACK. 2
- *8 PIN CAT 5 DATA PATCH CORDS 3 FT 39
- *8 PIN CAT 5 DATA PATCH CORDS 7 FT 39
- *SMART UPS 1400NET UNINTERRUPTED POWER SUPPLY WITH 4
 POWERCHUTE

1

IT IS AGREED THE MAINTENANCE CONTRACT WILL BE RENEWED ANNUALLY AT THE SAME PRICE THROUGH THE YEAR 2008.
ALL ELEMENTS OF THIS CONTRACT ARE CONTINGENT UPON ALL REQUESTED DISCOUNTS BEING APPROVED BY THE SCHOOLS AND LIBRARIES DIVISION.

WE PROPOSE HEREBY TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE WITH THE ABOVE SPECIFICATIONS, FOR THE SUM OF: \$10,795.00

PAYMENT TO BE MADE AS FOLLOWS:

WOULD YOU LIKE TO SAVE MONEY ON YOUR PHONE BILL ? CALL AND ASK US ABOUT DIGITAL CENTREX FROM BELL ATLANTIC. CALL US AND SIGN UP TODAY !!

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon delays beyond our control. Purchaser agrees to pay all costs of collection, including attorney's fees. This proposal may be withdrawn by us if not accepted by the above due date.

AUTHORIZED	ACCEPTANCE	•
SIGNATURE	SIGNATURE	DATE

CONTRACT

November 28, 2000

SMART TELECOM INC.
787 CORNAGA AVENUE
WEST LAWRENCE, NY 11691
718-868-0818 718-868-9161=FAX

Ref.# : 2798-106

Job Date: 07/01/01

BNOS SPINKA GITTY HOROWITZ 127 WALLABOUT STREET BROOKLYN, NY 11206 SHIP TO:
BNOS SPINKA
GITTY HOROWITZ
127 WALLABOUT STREET
BROOKLYN, NY 11206

(718)963-2966 (718)403-9024=FAX

SHIP TEL: (718)963-2966

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

1

ONE YEAR MAINTENANCE CONTRACT FROM JULY 1st, 2001 THRU JUNE 30th, 2002 ON THE FOLLOWING EQUPMENT:

NETWORK FILE SERVER CONSISTING OF:

DUAL PENTIUM III 500 MHZ CPU'S

INTEL MOTHERBOARD WITH 612 KB L2 CACHE INTEGRATED DUAL CHANNEL ULTRA SCSI, IDE AND VGA

256 MB ECC SDRAM RAM ON MOTHERBOARD

MYLEX 8SCI RAID CONTROLLER

300 WATT POWER SUPPLY

5-HOT SWAPPABLE DRIVE BAYS

4-4.5GB ULTRA SCSI HARD DRIVES

40X CDROM

14GB INTERNAL 8MM ULTRA SCSI TAPE DRIVE/SEAGATE BACKUP EXEC FOR NETWARE

10/100 INTEL NETWORK CARD

17" FLAT MONITOR

WINDOWS NT 4.01 NETWORK PACKAGE

IT IS AGREED THAT THE MAINTENANCE CONTRACT WILL BE RENEWED ANNUALLY AT THE SAME PRICE THROUGH THE YEAR 2008.

ALL ELEMENTS OF THIS CONTRACT ARE CONTINGENT UPON ALL REQUESTED DISCOUNTS BEING APPROVED BY THE SCHOOLS & LIBRARY DIVISION.

WE PROPOSE HEREBY TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE WITH THE ABOVE SPECIFICATIONS, FOR THE SUM OF: \$7,950.00

PAYMENT TO BE MADE AS FOLLOWS:

WOULD YOU LIKE TO SAVE MONEY ON YOUR PHONE BILL ? CALL AND ASK US ABOUT DIGITAL CENTREX FROM BELL ATLANTIC. CALL US AND SIGN UP TODAY !!

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon delays beyond our control. Purchaser agrees to pay all costs of collection, including attorney's fees. This proposal may be withdrawn by us if not accepted by the above due date.

AUTHORIZED AC	CEPTANCE
SIGNATURESI	GNATURE

DATE

SERVICE PROVIDER: VERIZON

<u>SPIN:</u> 143001359

DESCRIPTION: LOCAL PHONE SERVICE

COST PER MONTH: \$1000

OF MONTHS: 12

TOTAL COST PER YEAR: \$12000

SERVICE PROVIDER:

VIATEL/ECONOPHONE

SPIN:

143009164

DESCRIPTION:

LONG DISTANCE PHONE SERVICE

TOTAL COST PER MONTH

\$600

OF MONTHS:

12

TOTAL COST PER YEAR:

\$7200

SERVICE PROVIDER: NEXTEL

SPIN:

143000890

DESCRIPTION:

CELLULAR PHONE SERVICE

COST PER PHONE PER MONTH:

\$250

OF PHONES:

10

TOTAL COST PER MONTH:

\$2500

NUMBER OF MONTHS:

12

TOTAL COST PER YEAR

\$30000

SERVICE PROVIDER:

CELLCO

SPIN:

143000677

DESCRIPTION:

CELLULAR PHONE SERVICE

COST PER PHONE PER MONTH

\$250

OF PHONES:

10

TOTAL COST PER MONTH:

\$2500

NUMBER OF MONTHS:

12

TOTAL COST PER YEAR

\$30000